

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000029311

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** TCB EVENT PLANNING, LLC

**Current Principal Place of Business:**

4170 STACEY ROAD WEST  
JACKSONVILLE BEACH, FL 32250 21

**New Principal Place of Business:**

4170 STACEY ROAD WEST  
JACKSONVILLE, FL 32250 US

**Current Mailing Address:**

4170 STACEY ROAD WEST  
JACKSONVILLE BEACH, FL 32250 21

**New Mailing Address:**

4170 STACEY ROAD WEST  
JACKSONVILLE, FL 32250 US

**FEI Number:** 26-4536130

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEEK, DAVID H  
50 NORTH LAURA STREET  
SUITE 2600  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GADDIS, JILL L  
Address: 4170 STACEY ROAD WEST  
City-St-Zip: JACKSONVILLE, FL 32250 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JILL L GADDIS

MGRM

01/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date